

YOUR APPLICATION FOR ADMISSION HIGH SCHOOL TRANSCRIPT REQUEST

PLEASE FILL IN YOUR NAME AND ADDRESS AND PRESENT THIS FORM TO YOUR SCHOOL.

Applicant's name: _____
Last First Middle

Address: _____
Number and Street City State/Province Zip/Postal Code Country

TO THE HIGH SCHOOL COUNSELOR OR PRINCIPAL:

Please provide the following information. Please complete written sections in dark ink.

- A. A copy of the applicant's official transcript showing high school credit earned.
- B. Any additional letters of recommendation from the applicant's file.
- C. Applicant's rank in class and high school grade point average at the end of the last completed semester.
- D. A profile of your school with an explanation of your grading policies (i.e. how courses are weighted).

HS GPA: _____ What scale is used? (i.e., 4.0-12.0) _____ Weighted? Yes No

Rank: _____ Class size: _____

If your school does not rank, indicate how this student compares to the graduating class:

- Top 3% Top 5% Top 10% Top 15% Top 20%

Does this transcript include Advanced Placement (AP), International Baccalaureate (IB) or honors courses?

- Yes No

Applicant's course selection: Most demanding Demanding Average Below average

Counselor or Principal Signature Date

Print name Title

School Name Number and Street

City State/Province Zip/Postal Code Country

Phone: (_____) _____ Email: _____

Thank you for completing this transcript request. Missional University admits students of any race, color and national or ethnic origin.

**PLEASE
SEND TO:**

Admissions, Missional University - please scan & submit via email
EMAIL TO: admissions@missional.university